| Fill | in this information to | o identify your ca | ase: | | | | | | | | |
|-------------|---|----------------------------------|---|---|--------------|---------|-------------------|-------------------------------|--|----------|--|
| Deb | otor 1 | Phillip I. Whi | te, III | | | _ | | | | | |
| l | otor 2 use, if filing) | | | | | _ | | | | | |
| Uni | ted States Bankrupt | cy Court for the: | MIDDLE DISTRICT O | F PENNSYLVANIA | | _ | | | | | |
| Case number | | | | | | | Check if this | is: | | | |
| (If kn | nown) | | | | | | ☐ An amer | ded filing | | | |
| | · · · · - | 4001 | | | | | | | wing postpetition e following date: | | |
| <u>O</u> | fficial Form | <u> 1061</u> | | | | | MM / DD | / YYYY | | | |
| S | chedule I: \ | Your Inco | ome | | | | | | | 12/15 | |
| atta | t 1: Describe | et to this form. (Employment | r spouse is not filing wi On the top of any addition | onal pages, write y | | | case number (| if known |). Answer every | | |
| | information. | | | Debtor 1 | | | _ | Debtor 2 or non-filing spouse | | | |
| | If you have more t attach a separate | arate page with | Employment status | ■ Employed | | | | ☐ Employed ☐ Not employed | | | |
| | information about employers. | | | ☐ Not employed | | | □ No | ☐ Not employed | | | |
| | | | Occupation | security officer | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | | Employer's name | MedStar Health | 1 | | | | | | |
| | Occupation may include student Employer's address or homemaker, if it applies. | | | 8094 Sandpiper Circle, Suite O Baltimore, MD 21236 | | | • O | | | | |
| | | | How long employed the | here? _13 yea | rs | | | | | | |
| Par | t 2: Give Det | ails About Mon | thly Income | | | | | | | | |
| | • | me as of the da | ate you file this form. If y | you have nothing to | report for a | any lin | e, write \$0 in t | he space. | Include your no | n-filing | |
| | u or your non-filing s e space, attach a se | | re than one employer, co this form. | ombine the information | on for all e | mploy | ers for that pe | son on th | e lines below. If | you need | |
| | | | | | | F | For Debtor 1 | | Debtor 2 or -filing spouse | | |
| 2. | | | ry, and commissions (be calculate what the monthl | | 2. | \$_ | 4,936.6 | 3 \$ | N/A | | |
| 3. | Estimate and list | monthly overti | me pay. | | 3. | +\$_ | 0.0 | <u>+</u> \$ | N/A | | |
| 4. | Calculate gross I | ncome. Add lin | e 2 + line 3. | | 4. | \$_ | 4,936.63 | \$ | N/A | | |

Official Form 106I Schedule I: Your Income page 1 Case 1:22-bk-01135-HWV Doc 38 Filed 11/04/22 Entered 11/04/22 15:56:36 Desc Main Document Page 1 of 4

| | | | | For | Debtor 1 | | r Debtor 2 n-filing s | | |
|-----|---------------|--|---------------------|-------------------|----------------------|-------------------|--------------------------|-------------------|------------------|
| | Сору | r line 4 here | 4. | \$ | 4,936.63 | \$ | i-iiiiig 3 | N/A | |
| _ | | | | | , | | | | _ |
| 5. | List a | all payroll deductions: | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$_ | 1,156.05 | \$_ | | N/A | _ |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$_ | 0.00 | \$_ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$_ | 0.00 | \$_ | | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$_ | 185.81 | \$_ | | N/A | _ |
| | 5e. | Insurance | 5e. 5f. | \$_ \$ | 708.91 | \$_ | | N/A | _ |
| | 5f. | Domestic support obligations Union dues | | * * | 0.00 | \$_ | | N/A | _ |
| | 5g. 5h. | Other deductions. Specify: | 5g. 5h.+ | | 0.00 | + \$ ⁻ | | N/A N/A | _ |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | - ^{311.} ' | ΄ Ψ \$ | | ΄ Ψ_ \$ | | N/A | _ |
| 7. | | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | Ψ \$ | 2,050.77 | *_ \$ | | N/A N/A | _ |
| | | | ١. | Ψ — | 2,885.86 | Ψ_ | | N/A | _ |
| 8. | 8a. | All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | | N/A | |
| | 8b. | Interest and dividends | 8b. | \$_ | 0.00 | \$_ | | N/A | |
| | 8d. 8e. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security | 8c. 8d. 8e. | \$_ \$_ \$_ | 0.00 0.00 0.00 | \$_ \$_ \$_ | | N/A N/A N/A | _ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | _ 8f. | \$ | 0.00 | \$_ | | N/A | |
| | 8g. | Pension or retirement income | 8g. | \$_ | 1,082.63 | \$_ | | N/A | _ |
| | 8h. | Other monthly income. Specify: 2021 tax refund | _ 8h.+ _ | ٠ \$_ | 89.50 | + \$_ | | N/A | _ |
| | | family contribution/rent | _ | \$_ | 1,900.00 | \$_ | | N/A | _ |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 3,072.13 | \$_ | | N/A | 4 |
| 10. | | ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 0. \$ | | 5,957.99 + \$ | | N/A | = \$ _ | 5,957.99 |
| 11. | Include other | e all other regular contributions to the expenses that you list in Schedule and econtributions from an unmarried partner, members of your household, your of friends or relatives. In the property of the pro | depen | | • | | Schedule 11. | | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | | 12. | \$ | 5,957.99 |
| 13 | Do w | ou expect an increase or decrease within the year after you file this form? | • | | | | | Combi monthl | ned ly income |
| 13. | | No. | | | | | | | |
| | | Yes. Explain: | | | | | | | |

Page 2 of 4

Main Document

| Filli | in this information to identify your case: | | | | | | |
|---------------------|---|--|------------|-------------------|-------------------------------|--|--|
| Debt | tor 1 Phillip I. White, III | Check if this is: | | | | | |
| | | | | An amended filing | | | |
| | tor 2 | | | | ving postpetition chapter | | |
| (Spo | buse, if filing) | | | 13 expenses as of | the following date: | | |
| Unite | ed States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYL | MM / DD / YYYY | | | | | |
| Case | e number | | | | | | |
| (If kr | nown) | | | | | | |
| Of | fficial Form 106J | | | | | | |
| Sc | chedule J: Your Expenses | | | | 12/15 | | |
| Be a info nun | as complete and accurate as possible. If two married people are prmation. If more space is needed, attach another sheet to this function (if known). Answer every question. | | | | r supplying correct | | |
| Part | | | | | | | |
| 1. | Is this a joint case? | | | | | | |
| | No. Go to line 2. | | | | | | |
| | ☐ Yes. Does Debtor 2 live in a separate household? | | | | | | |
| | □ No | | | | | | |
| | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses | for Separate House | hold of De | btor 2. | | | |
| 2. | Do you have dependents? ☐ No | | | | | | |
| ۷. | • | | | | | | |
| | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent | Dependent's relation | | Dependent's age | Does dependent live with you? | | |
| | Do not state the | | | | □ No | | |
| | dependents names. | Sister-In-Law | | 72 | ■ Yes | | |
| | | | | | □ No | | |
| | | Father-In-Law | | 90 | Yes | | |
| | | | | | □ No | | |
| | | | | | □ Yes | | |
| | | | | | □ No | | |
| | | | | | ☐ Yes | | |
| 3. | Do your expenses include expenses of people other than yourself and your dependents? ■ No □ Yes | | | | | | |
| exp app Incl | imate your expenses as of your bankruptcy filing date unless your enses as of a date after the bankruptcy is filed. If this is a suppolicable date. Induced the expenses paid for with non-cash government assistance if | lemental <i>Schedule</i> f you know | | | | | |
| | value of such assistance and have included it on <i>Schedule I: Y</i> ficial Form 106I.) | our Income | | Your expe | enses | | |
| 4. | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot. | nclude first mortgage | 4. | \$ | 2,345.00 | | |
| | If not included in line 4: | | | | | | |
| | 4a. Real estate taxes | | 4a. | \$ | 0.00 | | |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. | \$ | 0.00 | | |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. | \$ | 0.00 | | |
| | 4d. Homeowner's association or condominium dues | | 4d. | · | 0.00 | | |
| 5 | Additional mortgage payments for your residence, such as hor | me equity loans | 5 | \$ | 0.00 | | |

Official Form 106J Schedule J: Your Expenses page 1